

Name
in
Full

Maria Clark

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	1907	Month 9	Day 9	Age 78	Years	Months	Days
Sex	Female		Color or Race	colored		Birth-place	md
Occupation	none		Where Residing if not at place of death				
Married, Single or Widowed	widowed		Name of Wife or Husband	Phillip Clark			
Father's Name	Richard Clark				Father's Birthplace	md	
Mother's Maiden Name	Elizabeth Scuber				Mother's Birthplace	md	
Name of person giving Information	Henry Clark				How related to deceased	Son	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary

Cerebral Aprosphy

How long

14

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

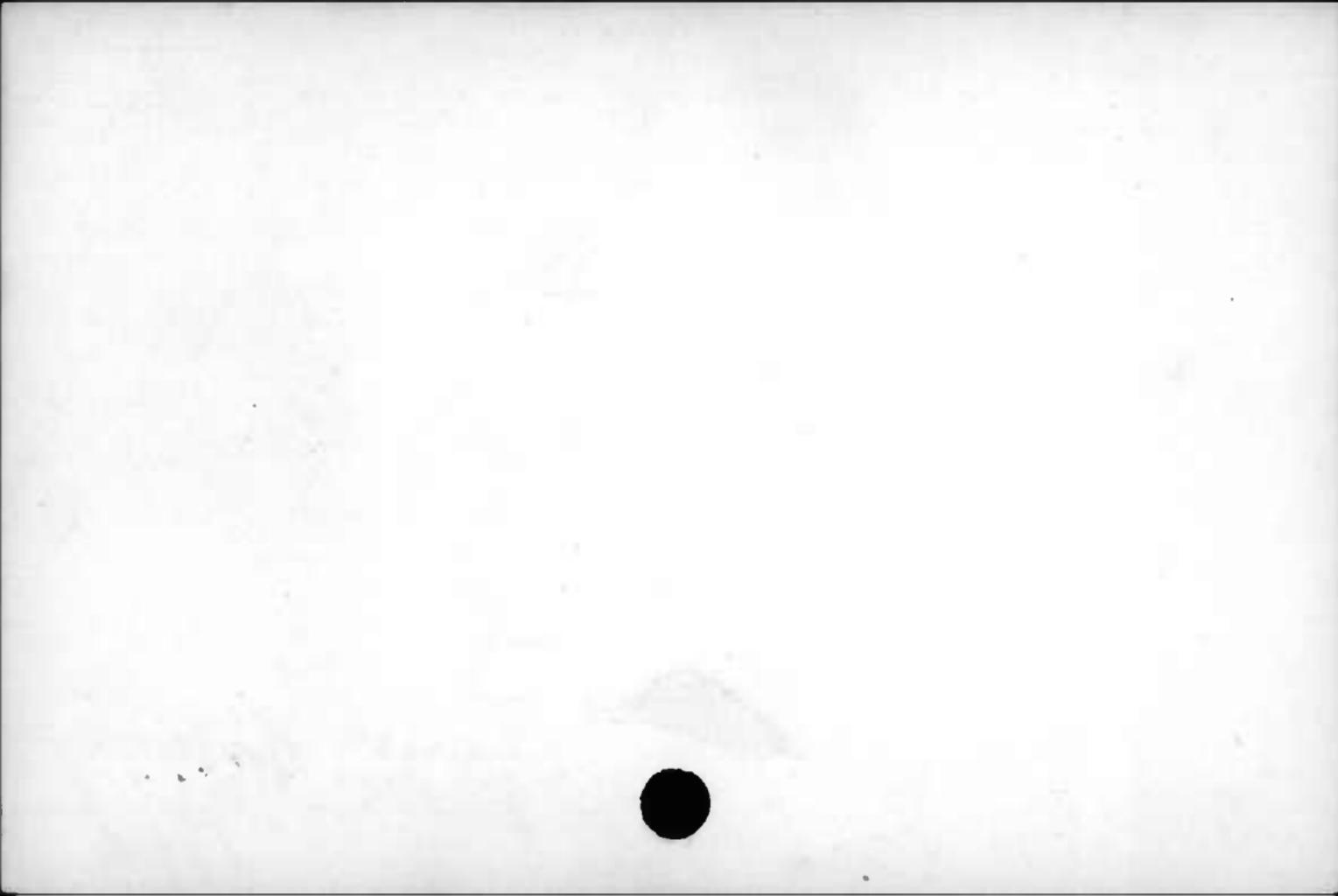
Signature of Physician

R. V. Palmer

Address

Palmer
md.

Accident or Suicide?



Name
in
Full

F. D. Hayden.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month Sept.	Day 19	Years 76	Months	Days 19	
Sex	Male	Color or Race	Where Residing if not at place of death		Birth-place		
Occupation	Farmer	Cedar Point-		St. Mary's Co-			
Married, Single or Widowed	Married	Name of Wife or Husband	Angenia Hayden -		St. Mary's Co-		
Father's Name	Charles Hayden	Charles Hayden		Father's Birthplace	St. Mary's Co-		
Mother's Maiden Name	Priscilla Greenwood	Priscilla Greenwood		Mother's Birthplace	St. Mary's Co-		
Name of person giving information	Frank Hayden	Frank Hayden		How related to deceased	Son -		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	appoplexy		64	How long
Immediate	appoplexy		1 hours	How long
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Henry Richardson	
		Address	Great Mills	.. Md.
Accident or Suicide?				



Name
in
Full

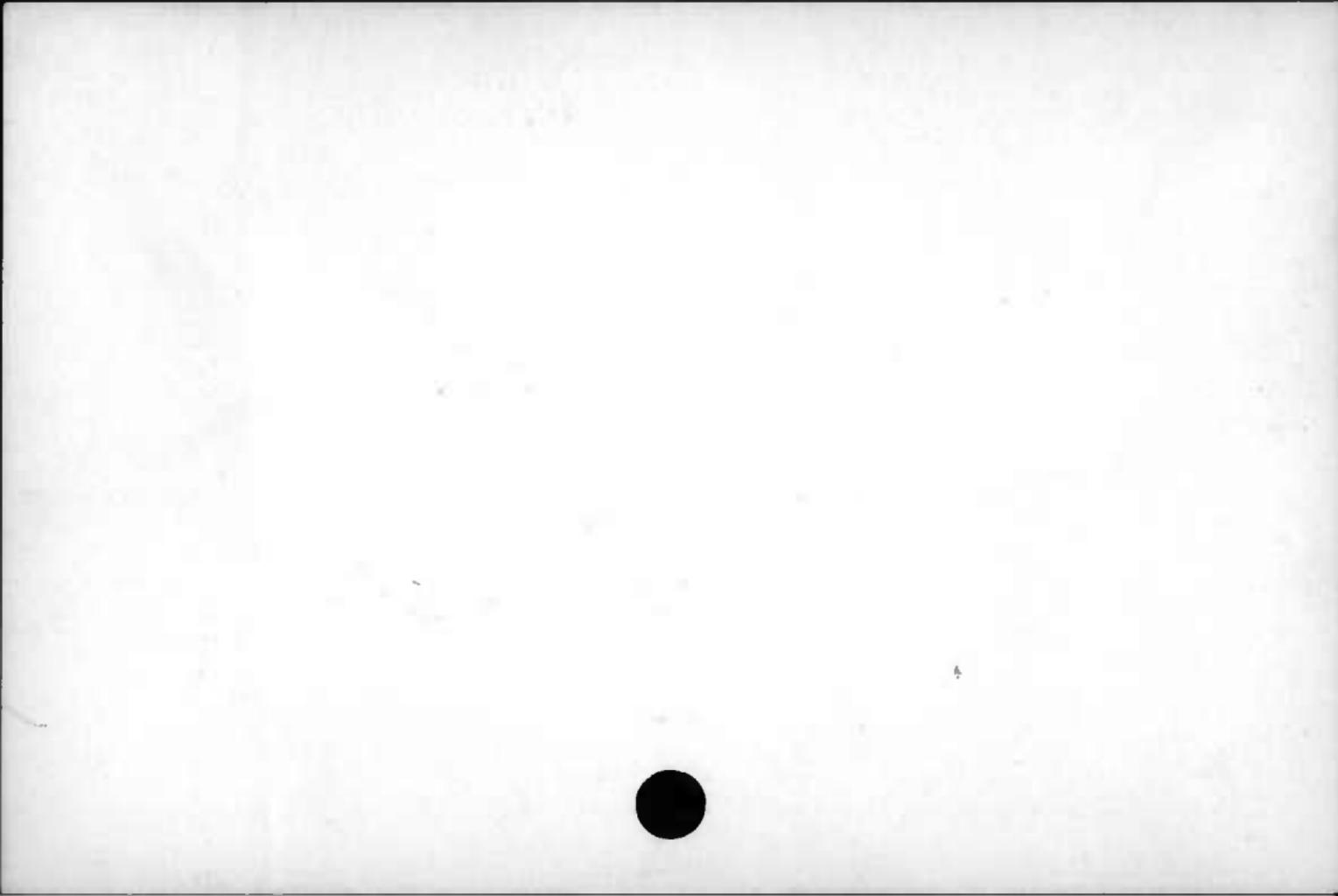
Forrester Heil

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Leonardtown</u>		County <u>St. Marys</u>		MARYLAND		
Date of death 1907	Month <u>Sept</u>	Day <u>1</u>	Years <u>Age about 67</u>	Months <u>1</u>	Days <u>0</u>	
Sex <u>Male</u>	Color or Race <u>Island</u>	Birthplace <u>St. Marys Co</u>				
Married, Single or Widowed <u>Married</u>	Occupation <u>Farm</u>					
Name of Wife or Husband <u>do not know</u>	<u>Matilda Hill</u>					
Father's Name <u>Don't know</u>	Father's Birthplace <u>Don't know</u>					
Mother's Maiden Name <u>Do not know</u>	Mother's Birthplace <u>" " "</u>					
Name of person giving information <u>Don</u>	How related to deceased <u>Son</u>					
CAUSES OF DEATH						
Primary <u>Insumination</u>	<u>Pneumonia</u>					
How long <u>116</u>						
Immediate <u>Pneumonia</u>	<u>(Exhaustion)</u>					
How long <u>several days</u>						
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John Sprule</u>					
	Address <u>Leonardtown</u>					
Accident or Suicide? <u>Accident</u>						

PHYSICIAN
OR CORONER



Name
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Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<h1>Josephine Frade</h1>						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death	1907	Month 9	Day 5	Years 49	Months	Days	
Sex	Female		Color or Race	White		Birth-place	and
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	Robert Frade			
Father's Name	Joseph Pilleyton					Father's Birthplace	and
Mother's Maiden Name	Beatrice Pilleyton					Mother's Birthplace	and
Name of person giving Information	Robert Frade					How related to deceased	Husband

CAUSES OF DEATH

Primary

Syphilitic Fever

①

How long

24 days

Immediate

Enysinias

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

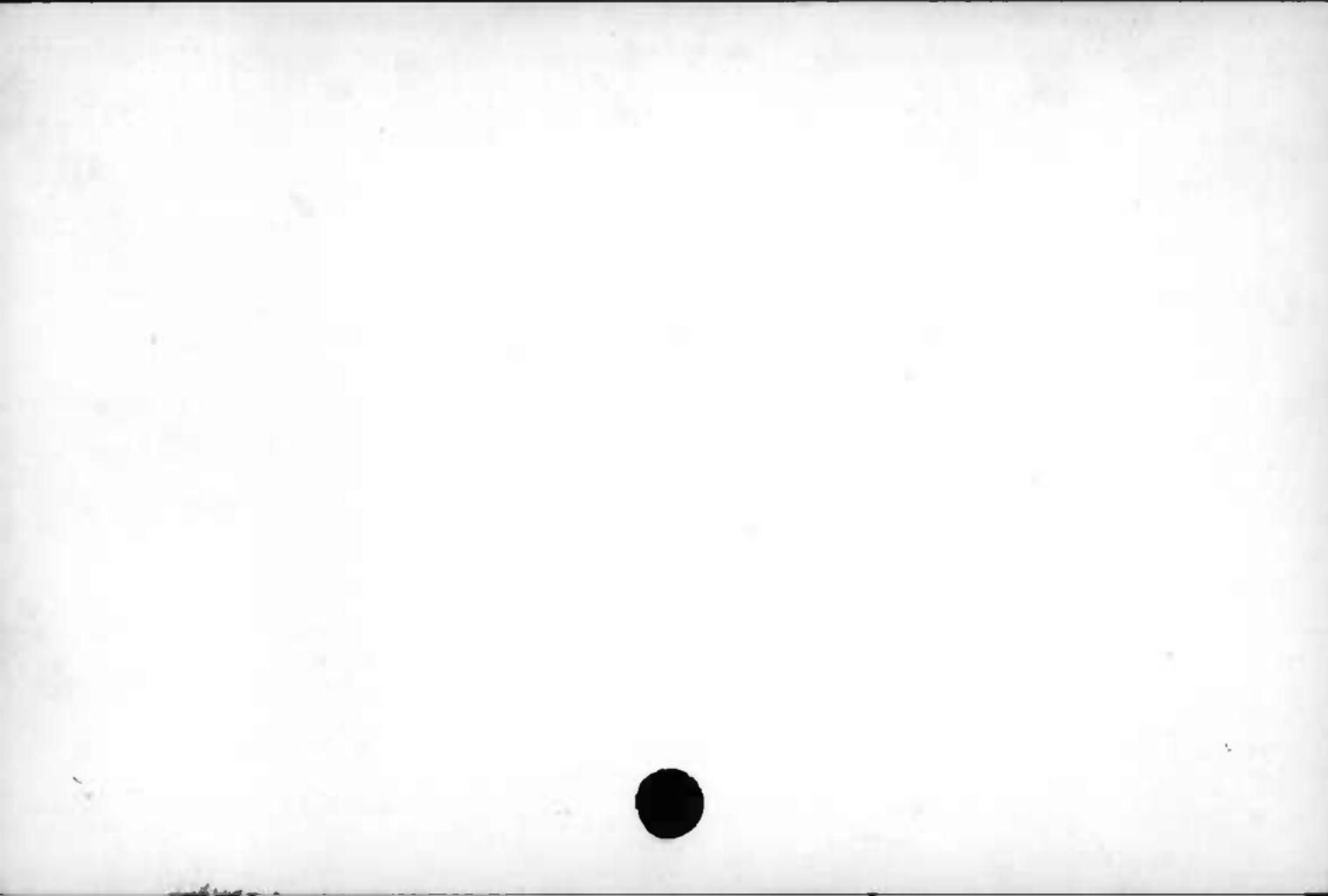
Robt. V. Palmer

Address

Palmer

and

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Cliza Emily Shermantrine.
California ~~St. Mary's Co.~~

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
190	Sept	28	58	1	5
Sex	Female	Color or Race	white	Birth-place	Centerville Md.
Occupation	House wife				
Married, Single or Widowed	Where Residing if not at place of death				
Name of Wife or Husband		Benjamin J. Shermantrine			
Father's Name	John H. Crocker				
Mother's Maiden Name	Cliza A. Shermantrine				
Name of person giving information	B. J. Shermantrine				
Father's Birthplace	St. Mary's Co.				
Mother's Birthplace	St. Mary's Co				
How related to deceased	Husband				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diarrhea

175

How long

3 days.

Immediate

Accidental from drowning factors by her

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

B. J. Shermantrine M.D.
Glencoe Md.

Accident or Suicide?

Name
in
Full

Mary. Anne Shorter

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	St. Marys	County	
Date of death	Month	Day	Years	Months Days
Sex	Female	Color or Race	Birth-place	
Occupation	Domestic		Where Residing if not at place of death	
Married, Single or Widowed	Married	Name of Wife or Husband	George. Shorter	
Father's Name	Dont know		Father's Birthplace	Dont know
Mother's Maiden Name	Dany know		Mother's Birthplace
Name of person giving information	George Shorter		How related to deceased	Husband.

CAUSES OF DEATH

1

How long

30 days

How long

3 days

PHYSICIAN
OR CORONER

Primary

Typhoid

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Ostlloyd
Ridge & St.

Accident or Suicide?

83

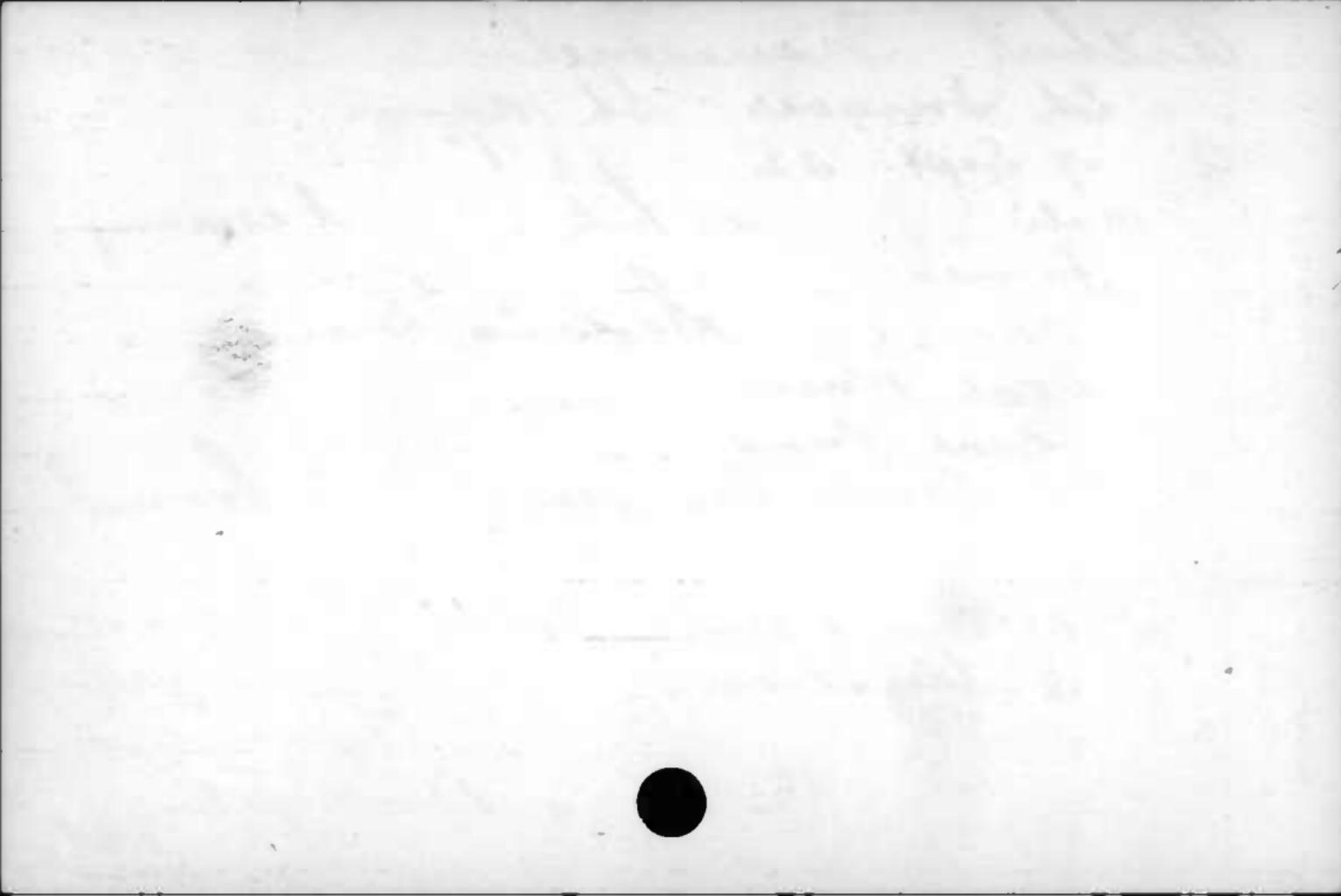
Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH				
Died at		Town	County	MARYLAND
Date of death	1907	Month Sept	Day 18	Years 16 hours
Sex	Male	Color or Race	white	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Levi Thompson			
Mother's Maiden Name	Emma Fries			
Name of person giving information	Solomon A. Ell			
CAUSES OF DEATH				
Primary	Ducus in trachea			
Immediate	Atelectasis			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long	
Yes		Address	a few minutes	
Accident or Suicide?				

151



Arthur Transback

CERTIFICATE OF DEATH

Died at		Town St. Ignatius	County St. Marys	MARYLAND		
Date of death	Month 1907 Sept	Day 22	Years Age 68	Months	Days	
Sex	Male	Color or Race white		Birthplace Germany		
Occupation	Farmer		Where Residing if not at time of death Sadonie Evans			
Married, Single or Widowed	Married	Name of Wife or Husband Sadonie Evans		Father's Birthplace		
Father's Name	Dont Know			Mother's Birthplace		
Mother's Maiden Name	Dont Know			How related to deceased Son		
Name of person giving information	Lewis Transback					

CAUSES OF DEATH

125

How long

15 years

How long

3 weeks

Primary

Hypertrophy of Prostate & Cystitis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. 8

O. H. Lengyel
Ridge
Md.

Accident or Suicide?

